

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

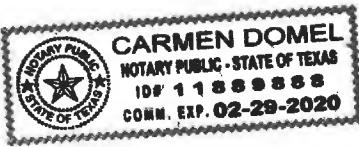
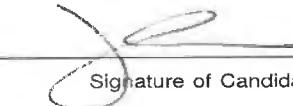
FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>6</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Dr.</i>	FIRST <i>Jennifer</i>	MI <i>D.</i>			
	NICKNAME <i>Jenny</i>	LAST <i>Wood</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1902 Asin St; Georgetown, Tx 78626</i>					
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(650)</i>	PHONE NUMBER <i>465-2464</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dr.</i>	FIRST <i>Saime</i>	MI			
	NICKNAME <i>Sage</i>	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>723 W. University Ave 300-181 Georgetown, Tx 78626</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>745-0510</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>03</i>	Day <i>/ 26 / 2019</i>	Year	Month <i>04</i>	Day <i>/ 26 / 2019</i>	Year
11 ELECTION	ELECTION DATE Month <i>05</i>	Day <i>/ 04 / 2019</i>	Year	ELECTION TYPE		
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
				<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>			13 OFFICE SOUGHT (if known) <i>GISD School Board Trustee, Place 3</i>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	Jennifer Wood			15 Filer ID (Ethics Commission Filers)																													
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">COMMITTEE TYPE</td> <td colspan="3">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="3">N/A</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="4">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="4">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td colspan="5" style="text-align: center;">□ Additional Pages</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME			<input type="checkbox"/> GENERAL	N/A			<input type="checkbox"/> SPECIFIC				COMMITTEE ADDRESS				COMMITTEE CAMPAIGN TREASURER NAME				COMMITTEE CAMPAIGN TREASURER ADDRESS				□ Additional Pages				
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COMMITTEE CAMPAIGN TREASURER ADDRESS																																	
□ Additional Pages																																	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$ 228.83																													
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 874.18																													
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 19.40																													
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES			\$ 684.51																													
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$ 436.18																													
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0																													
18 AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p></p> <p></p> <p>Signature of Candidate or Officeholder</p>																																
AFFIX NOTARY STAMP / SEAL ABOVE																																	
<p>Sworn to and subscribed before me, by the said <u>Jennifer Wood</u>, this the <u>26</u> day of <u>April</u>, 20 <u>19</u>, to certify which, witness my hand and seal of office.</p> <p><u>Carmen Domei</u> <u>Carmen Domei</u> <u>Sec to Bd of Trustees</u></p> <p>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>																																	

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jennifer Wood

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 345.35
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 665.81
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 300.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Jennifer Wood

3 Filer ID (Ethics Commission Filers)

4 Date

04/06/19

5 Full name of contributor

David Breed

out-of-state PAC (ID#:

6 Contributor address:

1310 S. College St; Georgetown, TX 78626

City; State; Zip Code

7 Amount of contribution (\$)

\$ 145.35

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

04/26/19

Patty Eason

Contributor address:

City; State; Zip Code

\$ 100.00

1401 S. College St; Georgetown, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

03/26/19

Nancy Gibble - Tay

Contributor address:

City; State; Zip Code

\$ 100.00

1902 S. Church St; Georgetown, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address:

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Jennifer Wood		
4 Date	5 Payee name		
04/26/2019	Build a Sign. Com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 269.62	11525A Stonehollow Drive; Suite 100, Austin, Tx 78758		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/15/2019	M. Brady Clark Design Co.		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 250.00	Georgetown, Tx		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/06/19	Home Depot Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 145.49	1013 W. University; Georgetown, Tx 78628		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Jennifer Wood</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>04/17/19</i>	5 Payee name <i>Jennifer Wood</i>	
6 Amount (\$) <i>\$ 200.00</i>	7 Payee address; City; State; Zip Code <i>1902 Ash St; Georgetown, Tx 78626</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		8 PURPOSE OF EXPENDITURE <i>Advertising Expense</i>
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date <i>04/15/19</i>	Payee name <i>Jennifer Wood</i>	
Amount (\$) <i>\$ 100.00</i>	Payee address; City; State; Zip Code <i>1902 Ash St; Georgetown, Tx 78626</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Complete ONLY if direct expenditure to benefit C/OH		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Complete ONLY if direct expenditure to benefit C/OH		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Complete ONLY if direct expenditure to benefit C/OH		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

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